



Permit # \_\_\_\_\_

B License # \_\_\_\_\_

CITY OF ALBANY  
DIVISION OF BUILDING & CODES  
ROOM 303 - CITY HALL  
24 EAGLE STREET  
ALBANY, NY 12207  
PHONE: (518) 434-5165  
Fax: (518) 434-6015

## CONTRACTOR MUST COMPLETE

Permit Fee \_\_\_\_\_  
Surcharge \_\_\_\_\_  
Fire Alarm \_\_\_\_\_  
Total Collected \_\_\_\_\_  
# of Floors Less Than 1000 sq ft \_\_\_\_\_  
# of Floors Greater than 1000 sq ft \_\_\_\_\_  
Class B Fee ☐ **\$400.00** if applicable

## ELECTRICAL PERMIT APPLICATION

FILL OUT COMPLETELY & LEGIBLY

All projects are subject to rough and final inspections with permit number and correct address –  
Please call (518) 434-5165 for inspections.

Date of Application \_\_\_\_\_ Estimated Cost: \_\_\_\_\_  
Albany License Number \_\_\_\_\_ ESO Acct. No. \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ For Service – See Back

### SEPARATE APPLICATION MUST BE FILED FOR EACH SEPARATE BUILDING

Address of Work \_\_\_\_\_  
Cross Streets \_\_\_\_\_ Suite or Floor \_\_\_\_\_  
Owner \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

### PRINT NAME AND ADDRESS OF LICENSE HOLDER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

Signature of License Holder \_\_\_\_\_ Date \_\_\_\_\_

### Insurance Requirements

With Employees: ACCORD Form ☐ Workers' Compensation: ☐ Workers' Disability ☐  
Without Employees: ACCORD Form ☐ CE-200 ☐

State **exact** electrical work to be done at this address – *this information is mandatory to the acceptance of this application, items left blank will result in the return of this application:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE WITH APPLICATION \***  
**ALL APPLICANTS MUST BE INSURED WITH THE CITY OF ALBANY LISTED AS ADDITIONALLY INSURED.**

- OVER -

**“B” License Information**  
**(Licensed from other than the City of Albany)**

**A Separate Check in the amount of \$400.00 is needed for a “B” License.**  
**Make checks payable to the “City of Albany”**

This application has been filled out in my own handwriting and I verily believe that the information therein given is true. If I successfully pass the requirements for the license I have applied for, I hereby agree to fully comply with the Labor Law, all insurance requirements, general Municipal Law and all other laws that apply to electrical work, Building Codes and Ordinances in the City of Albany, NY and will provide certificates of insurance along with the \$400.00 payment for a Class “B” License and obtain the necessary permits and fees.

License No: \_\_\_\_\_ Area or State Licensed From: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

State of New York                    )  
County of                                )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally came \_\_\_\_\_, to me known and known to me to be the person described in and executed the foregoing instrument, and \_\_\_\_\_ duly acknowledged to me that \_\_\_\_\_ executed same.

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

**Affidavit:**

For owners that are requesting electric services to be turned on in buildings that are unoccupied or under construction agree to have the service disconnected after sixty (60) days if no action is taken to have the building comply with the NYS Building Code. Please note this affidavit also applies to new services and service upgrades.

\_\_\_\_\_  
Building Owner/Designated Agent